



DEPARTMENT OF BUILDING & SAFETY

REVISION/DEFERRED SUBMITTAL APPLICATION

333 North Rancho Drive, Las Vegas NV 89106-3703

Phone: (702) 229-6251 Fax: (702) 382-1240

RECEIVED

JAN 16 2018

CITY OF LAS VEGAS
PERMITS

NOTE: THIS APPLICATION IS FOR PLAN REVIEWS PERFORMED ON A HOURLY BASIS ONLY. IF YOU ARE ADDING ADDITIONAL SCOPE OF WORK TO AN EXISTING PERMIT OR TO AN EXISTING BUILDING, A NEW PERMIT APPLICATION IS REQUIRED.

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE CONTRACTOR, DEVELOPER, ARCHITECT, ENGINEER OR OWNER:

REVISION #: PLC-69809-R002 **PROJECT INFORMATION**
PARENT (ORIGINAL) PROJECT # 69809

PROJECT INFORMATION

Project Name: The Mob Musuem Improvements

Project Address: 300 Stewart Avenue, Las Vegas, NV

(Include Suite/Space No. or Letter Designation if Applicable)

CONTACT INFORMATION

Name: Lance Kirk

Company Name: LGA

Mailing Address: 241 W. Charleston Blvd., Suite 107

City: Las Vegas State/Zip: NV

Phone: 702-789-4160

Email: ljkkirk@lgainc.com

Fax: 702-263-8111

DESCRIPTION

Detailed description of work and construction documents being submitted: Minor changes to the second floor. Cutting an opening in a wall shaft to provide more usable space. Adding electrical outlets, a floor sink and instantaneous water heater.

Adding sheets A2.03, P1.03 and E2.04. Revising sheets E3.00 and E3.02

For SFD Tracts provide all affected lot numbers:

ITEM TYPE

CHECK THE PLAN TYPES SUBMITTED WITH THIS APPLICATION:

☒ Architectural

☐ Structural

☐ Mechanical

☒ Plumbing

☒ Electrical

☐ Planning

☐ Fire Department

HOURLY RATES PER CITY OF LAS VEGAS ADMINISTRATIVE CODE (1 HOUR MINIMUM)

ARCHITECTURAL SIGNATURE: _____

TIME: _____

STRUCTURAL SIGNATURE: _____

TIME: _____

MECHANICAL SIGNATURE: _____

TIME: _____

PLUMBING SIGNATURE: _____

TIME: _____

ELECTRICAL SIGNATURE: _____

TIME: _____

PLANNING SIGNATURE: _____

TIME: _____

FIRE DEPARTMENT SIGNATURE: _____

TIME: _____

I state that the information I have supplied on this application is true and correct. By signing this application, I agree to comply with all conditions as noted on this application..

[Signature]
Contractor or Agent / Owner

2/1/18
Date

[Signature]
Building Department/Permit Technician

0201.18
Date

TOTAL FEES DUE: \$

350.00

Permit Expires 180 Days After Abandonment of Work
Permits expire when no inspection has been approved for any 180-day period after the permit has been issued.